



PLEASE CHARGE ANY DEFICIENCY UP TO \$2,000.00 OR CREDIT ANY EXCESS IN THE FEES DUE WITH THIS DOCUMENT TO OUR DEPOSIT ACCOUNT NO. 04 - 0100

Signature

Docket No: 01191/100H584-US1

In re Application of: Yekta et al.

Art Unit: 1714

Confirmation No.: 9064

Filed: August 29, 2001

Examiner: P. Niland

For: COMPOSITION AND PROCESS FOR FABRICATION OF ABSORBANCE AND FLUORESCENCE STANDARDS

AMENDMENT

Hon. Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

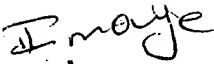
Sir:

In response to the August 26, 2003 Office Action, please amend the above-identified application as follows:

12/03/2003 HDEHES1 00000050 09943369

01 FC:1202

36.00 OP



1714/5

Docket No. 01191/100H584-US1

Art/Unit
1714

Applicant(s): Yekta et al.

Invention: COMPOSITION AND PROCESS FOR FABRICATION OF ABSORBANCE AND FLUORESCENCES STANDARDS

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	31	- 29 =	2	x 18	36.00
Independent Claims	3	- 3 =	0	x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					36.00

- ☒ Large Entity ☐ Small Entity
- ☒ No additional fee is required for this amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100
as described below. A duplicate copy of this sheet is enclosed.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Jay P. Lessler
Attorney Reg. No.: 41,151

Dated: November 26, 2003

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Express Mail Label No.

Dated: _____

